

## MONROE COUNTY GROWTH MANAGEMENT BUILDING DEPARTMENT

Middle Keys/Main Office: 2798 Overseas Highway, Suite 300, Marathon, FL (305) 289-2501 Upper Keys Office: 102050 Overseas Highway, Key Largo, FL (305) 453-8800 11601 CR 905, Key Largo, FL (305) 453-8765 Lower Keys Office: 5503 College Road, Key West, Suite 203, FL (305) 295-3990

www.monroecounty-fl.gov

## State Certified Contractor Registration Checklist and Application

The purpose of this form is for state certified licensed contractors wanting to register or update an expired registration with Monroe County Building Department. This registration is only for un-incorporated areas. To see if you are already in our system, please go to **Egov.monroecounty-fl.gov**, "I Want To, Search, Permits, Contractor Records." Please read instructions thoroughly prior to completing your application and make photocopies for your records, if desired. Be certain that the application is completely filled out; that all questions are answered truthfully, and that all information requested is furnished. If your application is incomplete, application will be returned resulting delaying registration. Use this checklist to ensure you have enclosed/attached all the required documentation AND KEEP THIS PAGE FOR YOUR RECORDS for reference.

You will need to provide the following items along with the completed <u>State Certified Contractor Application</u>:

- 1. Legible copy of driver's license or some other valid form of government approved identification.
- 2. Copy of Contractor License.
- 3. The corporation and/or fictitious name you qualify must be registered and in ACTIVE status with the Florida Division of Corporations (<a href="https://www.sunbiz.org">www.sunbiz.org</a>). You must provide the document number or registration number for company on application.
- 4. Copy of current local business tax receipt (f/k/a occupational license) for your discipline from where your permanent business location or branch office is maintained for contractors licensed by DBPR. Otherwise, you must obtain a Monroe County Local Business Tax receipt pursuant to F.S. 205.065. Please contact the Monroe County Tax Collector at 1-305-295-5060.
- 5. Copy of <u>current-issued</u> Certificate of Insurance from an insurance company authorized to do business in the proper aggregate amount of public liability and property damage insurance <u>for your discipline</u> for the safety and welfare of the public per Rules **61G4-15.003** or **61G6-5.008**, Florida Administrative Codes.
- 6. Copy of <u>current-issued</u> Certificate of Insurance from an insurance company authorized to do business in the state for workers' compensation insurance and/or a valid executed workers' compensation exemption <u>for your appropriate discipline</u>. W/C insurance for all non-exempted officers must be provided as required by F.S. 440.
- 7. The COI shall be prepared by an insurance agency and must contain the following pursuant to Rules <u>61G4-5.003</u> and <u>61G6-5.008</u>, FAC,:
  - a. Proper aggregate amount of public liability and property damage for your discipline
  - b. Name of Insured must reflect the exam name of the business organization qualified by the applicant o if applicable
  - c. Licensee's correct license number
  - d. Monroe County Building Department, 2798 Overseas Highway, Suite 300, Marathon, Florida 33050, as Certificate Holder
- 8. **Leasing Company:** Pursuant to Rule <u>69L-6.032</u>, FAC, a leasing company **shall** supply an employee roster listing ALL employees and date-of-hire with the Certificate of Insurance, if applicable. Qualifier must be covered by insurance or provide an exemption.
- 9. Submit an original Monroe County <u>Agent Authorization Form</u> if anyone other than the licensee will be dropping off and/or picking up a permit. **NOTICE:** The licensee, no exceptions, must sign all Building Permit applications.
- 10. Submit registration fee of \$50.00 for each new license being registered per BOCC adopted Fee Resolution 420-2007. Check or money order payable to Monroe County Building Department. NOTE: NO CC PAYMENTS AT THIS TIME.
- 11. **For New Registrations**: Submit completed application and all supporting materials (items 1 10) including payment to one of our offices. **To Update an Expired Registration**: Completed application and all supporting materials (Items # 1-8) may be e-mailed to <a href="mayan-odalys@monroecounty-fl.gov">mayan-odalys@monroecounty-fl.gov</a> or faxed to 1-305-289-2515. Registration should be done at a separate time/visit prior to submitting your building-permit application. **Registration may take up to five (5) business days, so please plan accordingly.**
- 12. YOU WILL NOT BE CONTACTED UPON COMPLETION OF YOUR REGISTRATION. It is the contractor's responsibility to check the status of application by going to our website and searching for either the qualifier name or company name at Egov.monroecounty-fl.gov, "I Want To, Search, Permits, Contractor Records" webpage (<a href="http://egov.monroecounty-fl.gov.monroecounty-fl.gov/eGovPlus/entity/login main.aspx">http://egov.monroecounty-fl.gov.monroecounty-fl.gov/eGovPlus/entity/login main.aspx</a>). Once you have confirmed your account has been registered, and it is current, you may apply for your permit.



Office Use: Received: By: Contractor ID #: Date Paid:

Receipt #: By: Contractor ID # No Longer in Use, If applicable:

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## **State Certified Contractor Registration Application**

Section I – License		Calcat Banistration Tomas
Contractor's License Number(s):		Select Registration Type:
(0)		New Registration
Section II - Applicant		Update Registration
Licensee's Name:		(No Fee)
(Name MUST match name on driver's license)		
Home Address:		
Licensee's Cell Phone Number:		
Licensee's E-mail:	Alternate:	
Provide if communication by e-mail is acceptable for all e-mails and inspections.		_
Section III – Business		
Qualified Business Name:		
(Print Company Name <u>AS</u> it appears on license)		
The corporation and/or fictitious name you qualify must be registe	red and in ACTIVE st	atus with the Florida Department
of State Division of Corporations (www.sunbiz.org). List document of		•
Business Mailing Address:		
245.11000 Mailing / 144.1000.		
Business Phone Number:Ex	d: Fax Numb	er:
Section IV – Signature		
I swear and affirm that the all of the above is correct, true, and accu	rate to the best of my	knowledge.
Licensee's Signature:	Date:	
STATE OF		
COUNTY OF		
Sworn to & subscribed to before me thisday of	20	, he / she is personally known
to me or has producedas identified		
Notary's Signature Seal		

Completed application and all supporting materials may be mailed-in or dropped off at one of our offices.

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